



Massachusetts Board of Registration in Pharmacy  
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**Certified Statement of Licensure**

A Certified Statement of Licensure provides official verification of a license or registration that has been issued by the Massachusetts Board of Registration in Pharmacy and is often required when seeking licensure in another state. A Certified Statement of Licensure includes the following information, as applicable: name, license number, issue date, expiration date, license status, disciplinary action, NAPLEX and/or MPJE Scores, internship hours, and pharmacy board seal.

- ☐ A check or money order for **\$15** payable to the ***Commonwealth of Massachusetts*** must be **mailed** for each Certified Statement of Licensure. (There will be a \$23 handling charge for returned checks.)

NOTE: Do not send cash, foreign currency, or electronic funds transfers. Fees are non-refundable and non-transferable.

- ☐ If there is an out-of-state verification form that must be completed, please include it with this form and your payment. Documents will be mailed within 10 business days.

Name of Licensee \_\_\_\_\_ License No. \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Tel. No. \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(s) and address(es) to which the Certified Statement of Licensure is to be sent:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_